UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/065,315	10/02/2002	Ina Ullrich	81046791	7693
	7590 06/27/200 HMAN P.C./FGTL	8	EXAM	IINER
1000 TOWN CENTER			ADE, OGER GARCIA	
22ND FLOOR SOUTHFIELD.	, MI 48075-1238		ART UNIT	PAPER NUMBER
			3687	
			MAIL DATE	DELIVERY MODE
			06/27/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/065,315 ULLRICH ET AL.		•
merview dammary	Examiner	Art Unit	
	GARCIA ADE	3687	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>GARCIA ADE</u> .	(3)		
(2)	(4)		
Date of Interview:			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) <mark> </mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. ⟨	g)⊡ was not reached. h)⊡ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>A phone call was made</u> the status of the application on 6/21/058, and a message	<u>to Attorney Matt Jakubowski a</u>		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached	copy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTERQUIREMENTS ON REVERSE SIDE OF ON Attached sheet.	e last Office action has already OF ONE MONTH OR THIRTY FERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS 'HIS
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action	Examiner's signature, if requi	red	

Application No.

Applicant(s)